EXHIBIT A

February 26, 2007 article entitled "VNS CLOSURE using the method we developed at the Whiteley Clinic," Whiteley Clinic website, http://www.varicost-vein.co.uk

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How do our results compare?

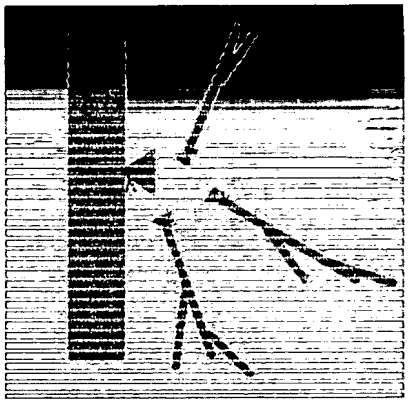
VNUS CLOSURE using the method we developed at The Whiteley Clinic:

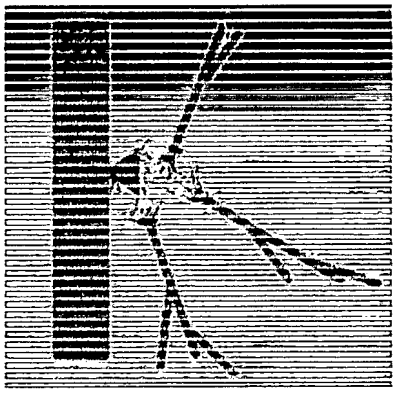
The Whiteley Clinic is proud to announce that by the end of January 2003 we will have collectively treated over 1000 limbs using the VNUS Closure method. This is to our knowledge the biggest series of its type in the world. My colleague, Mark Whiteley pioneered the method in the UK in March 1999 and since then all our patients have been subject to ultrasound follow up scrutiny if available to attend on an annual basis.

So far there has only been one technical failure, which was in the early part of the series. Otherwise all veins treated by VNUS have remained closed with no recurrence.

Comparison with the traditional "Tie and Strip"

Importantly we have not seen a particular problem so common with traditional surgery, namely neovascularisation. This literally means 'new vessel formation.'

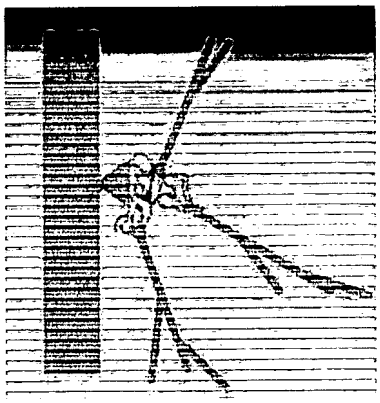




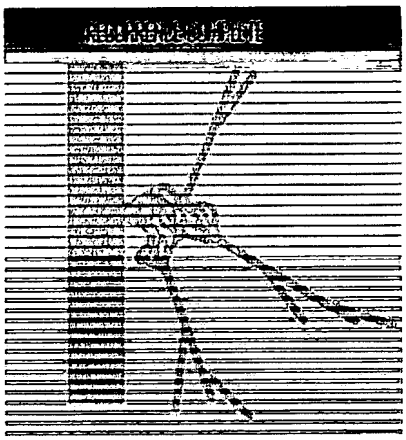
Vascular buds start to form from the linings of the ligated veins stumps.

When a cut is made in the groin the wound clearly has to heal. Part of the process is for new blood vessels to cross the gap. The injured blood vessels from the surgery start growing little buds just like your roses do when you've pruned them. The buds lengthen until they touch another bud, which may be coming from the opposite side of the wound. The buds fuse together and form a tube – Hey presto! A new blood vessel.

The tiny arteries have been known to do this for over a hundred years. Well the veins do it as well, which makes sense since they re made of the same stuff! Now do you remember I said that the tributaries of the long saphenous vein have to be cut and tied? Well, the stumps of these veins grow the buds I have been talking about and have an annoying habit of joining back up with the stump of the tied long saphenous vein.



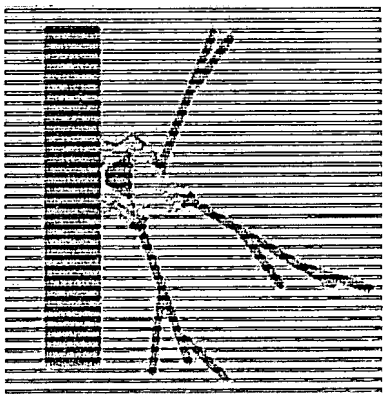
Vascular buds meet and start to form tubes. The original ligatures are dissolving if absorbable material used.



Vascular buds have become formal tubes and these new vessels mature and widen to form a complex network.

This process is demonstrated in the diagrams shown. This partially explains why the results of traditional varicose vein surgery are so poor. 20% of patients with varicose veins get recurrence that can be seen on ultrasound within a year following high saphenous ligation and stripping so it puts the one failure in 1000 for VNUS in perspective.

The use of non-absorbable ligatures and sutures is believed to act as a barrier to stop neovascularisation and there is evidence that it prevents the main vein stumps reopening but unfortunately it doesn't prevent it altogether. Mother Nature is far too clever for us I'm afraid and some vessels although tiny will still form and they probably arise from tiny capillaries on the surfaces of the bigger veins themselves. Some of these vessels are disturbed during surgical dissection however gentle.



When non-absorbable ligatures are used vascular buds still form but the ties act as a barrier preventing

the main vessels from reopening. Most of the new vessels have no communication and shrivel away leaving a few tiny communications from surface capillaries.
